

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

WILLIAM JOHN DAUGHTERY

FILED

COURT CASE NUMBER

08 CV 0408 WQH (BLM)

DEFENDANT

D. WILSON, ETAGABAN, LEMUS, GRIFFIN, CITY OF SAN DIEGO

TYPE OF PROCESS

31 VIL SUBPOENA

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SCRIPPS MERCY OUTPATIENT CLINIC
SOUTHERN DISTRICT OF CALIFORNIA

AT

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

4077 FIFTH AVENUE, SAN DIEGO, CA 92103

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

WILLIAM DAUGHTERY, F-79985
C.V.S.P.
P.O. Box 2349 / DIO-1104P
BLYTE, CA 92226

Number of process to be
served with this Form - 285

(1) ONE
(6) SIX

Number of parties to be
served in this case

(6) SIX

Check for service
on U.S.A.

U.S. 1
SOUTHERN
CALIFORNIA
DISTRICT OF

RECEIVED
JUL 31 2008

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

CLINIC IS OPPOSITE MERCY HOSPITAL
5TH AVENUE'S WEST SIDE OF STREET.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

16 July 2008

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1

District of Origin

98

District to Serve

98

Signature of Authorized USMS Deputy or Clerk

A. Scott

Date

7/21/08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

JOSE GIL

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

7/29/08

Time

245

am

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS: